

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	T.D.		10/12/99
O.I.P.E. CLASSIFIER		59	10/18
FORMALITY REVIEW	Ann	59229	10/21/99

Ann 59229  
INDEX OF CLAIMS

Y6/00

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final Original	
1	6/25/00
2	9/12/01
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	
16	
17	
18	
19	
20	
21	
22	
23	
24	
25	
26	
27	
28	
29	
30	
31	✓
32	
33	
34	
35	
36	
37	
38	
39	
40	
41	✓
42	÷
43	✓
44	0
45	0
46	0
47	÷
48	
49	
50	✓

Claim	Date
Final Original	
19	51
20	52
21	53
22	54
23	55
24	56
25	57
26	58
27	59
28	60
29	61
30	62
31	63
32	64
33	65
34	66
35	67
36	68
37	69
38	70
39	71
40	72
41	73
42	74
43	75
44	76
45	77
46	78
47	79
48	80
49	81
50	82
51	83
52	84
53	85
54	86
55	87
56	88
57	89
58	90
59	91
60	92
61	93
62	94
63	95
64	96
65	97
66	98
67	99
68	100

Claim	Date
Final Original	
110	
112	
113	
114	
115	
116	
117	
118	
119	
120	
121	
122	
123	
124	
125	
126	
127	
128	
129	
130	
131	
132	
133	
134	
135	
136	
137	
138	
139	
140	
141	
142	
143	
144	
145	
146	
147	
148	
149	
150	

If more than 150 claims or 10 actions  
 staple additional sheet here

(LEFT INSIDE)